

Name
in
Full

Miss Martha Boswell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month 19	Day 19	Years 60
Sex Female	Color or Race	Age 60	Months
Married, Single or Widowed Single	Occupation		
Name of Wife or Husband			
Father's Name F. A. Boswell	17	Father's Birthplace	Ind
Mother's Maiden Name Lucinda Boswell		Mother's Birthplace	Ind
Name of person giving Information H. H. Berry		How related to deceased	Nephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

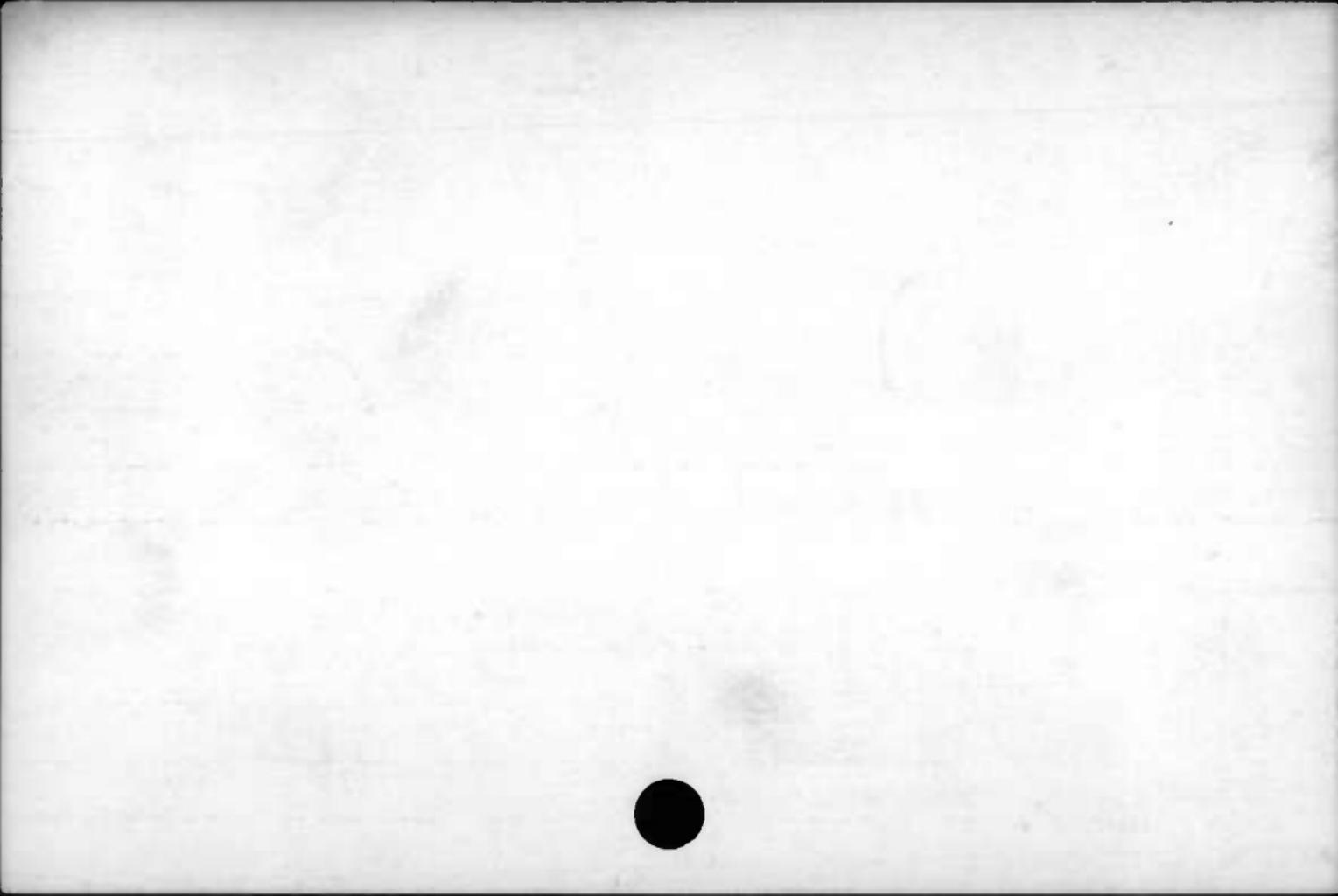
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

B. B. Brashear, M. D.

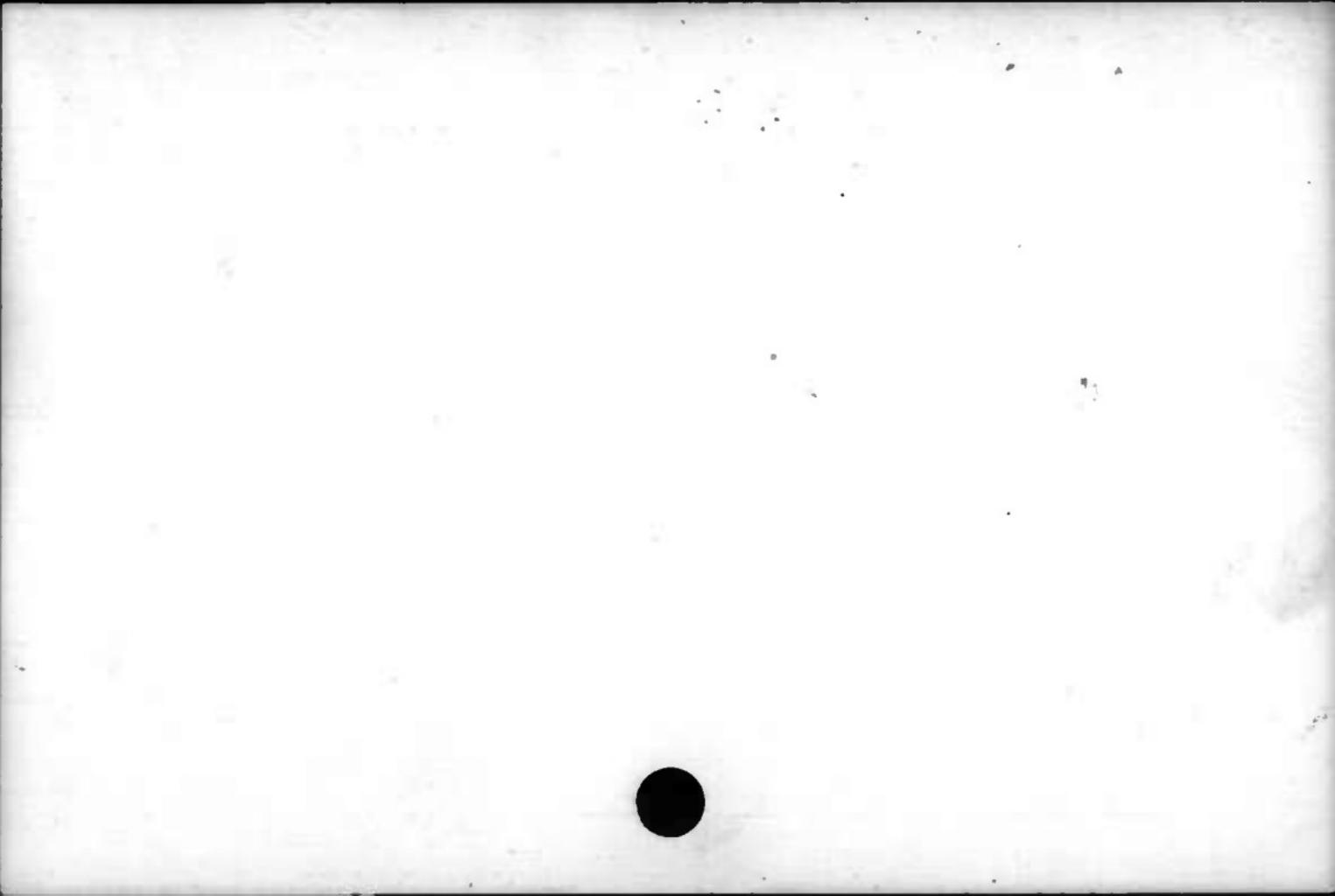
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month 10	Day 2.	Years 83	Months —	Days —	
Sex Male	Color or Race White	Birth-place Maryland				
Married, Single or Widowed Widower	Occupation Retired Physician.					
Name of Wife or Husband deceased						
Father's Name Otto Brashear	Father's Birthplace Brownsville Pa					
Mother's Maiden Name Hannah Colvin	Mother's Birthplace "		"			
Name of person giving information Mrs. Eugenia Oakley	How related to deceased Daughter.					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Plomaine Poison.	How long
	Immediate	entero - leucitis	How long 3 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	Upper Marlboro
Maryland			Md.
Accident or Suicide?			



Name in Full:

Certificate of Death

Died at

Town

County

MARYLAND

Browne
Bear Pleasant Prince George

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

03

Oct 16

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Thomas Browne

Mother's

Maiden Name

Katie Coak

Cause of

Primary

How long sick

Death

Immediate

Still Born

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONERInfant of
Wm Butler & Josephine Butler

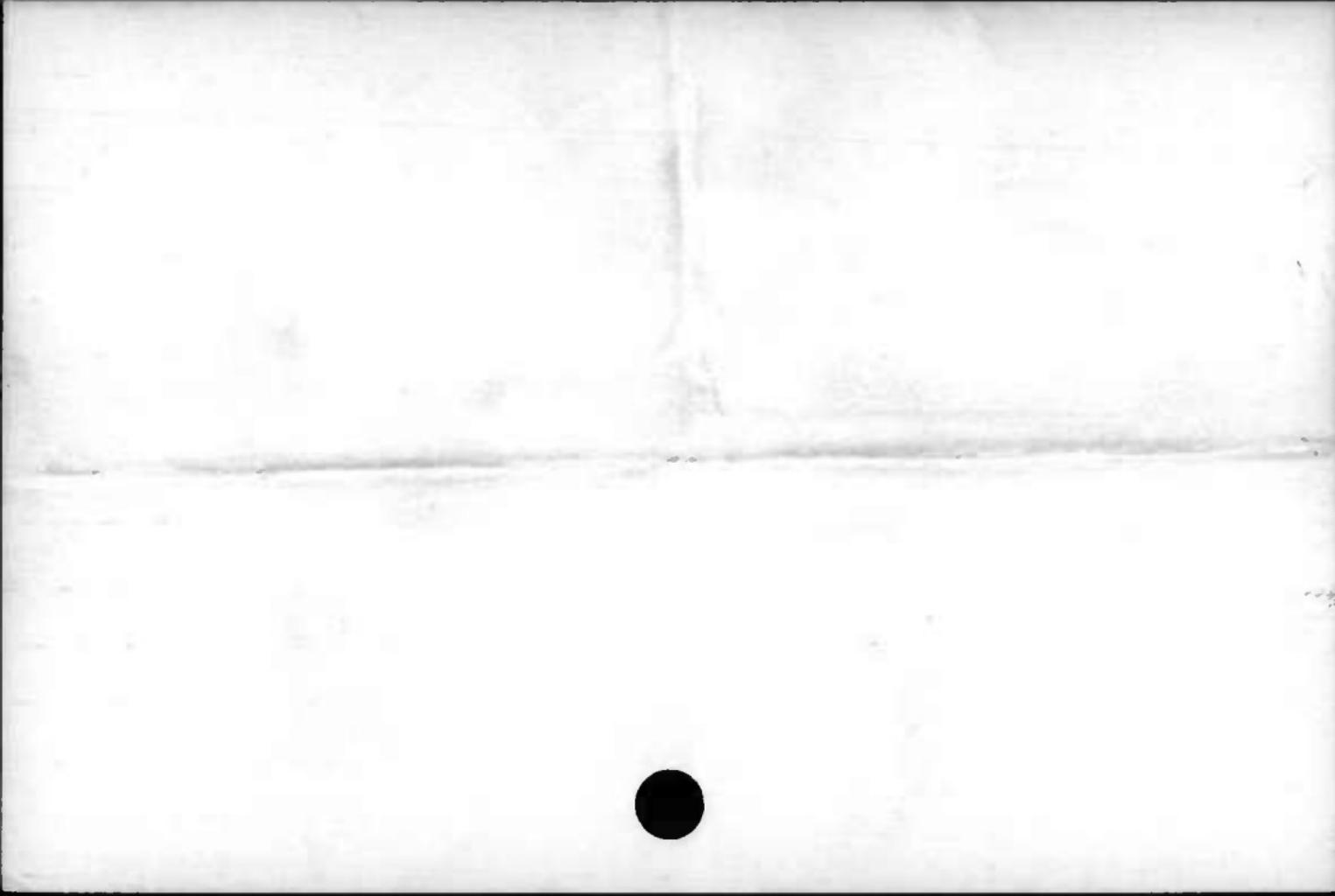
CERTIFICATE OF DEATH

Died at <u>Bridal Lawn</u>		Town <u>Town</u> County <u>Prince George</u>		MARYLAND		
Date of death 1903	Month <u>Oct-</u>	Day <u>4th</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Prince Geo Co Md</u>				
Married, Single or Widowed <u>—</u>	Occupation <u>5th child</u>					
Name of Wife or Husband <u>—</u>						
Father's Name <u>Wm Butler</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Josephine Bingham</u>	Mother's Birthplace <u>Md</u>					
Name of person giving information <u>Father</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

Primary	<u>Nmbilical Hemorrhage</u>	How long	<u>16 hours</u>
Immediate	<u>Exhaustion</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Jos. M. Parker M.D.</u>
		Address	<u>Rosecroft M.D.</u>

Accident or Suicide?



Name
in
Full

Benjamin Carroll

CERTIFICATE OF DEATH

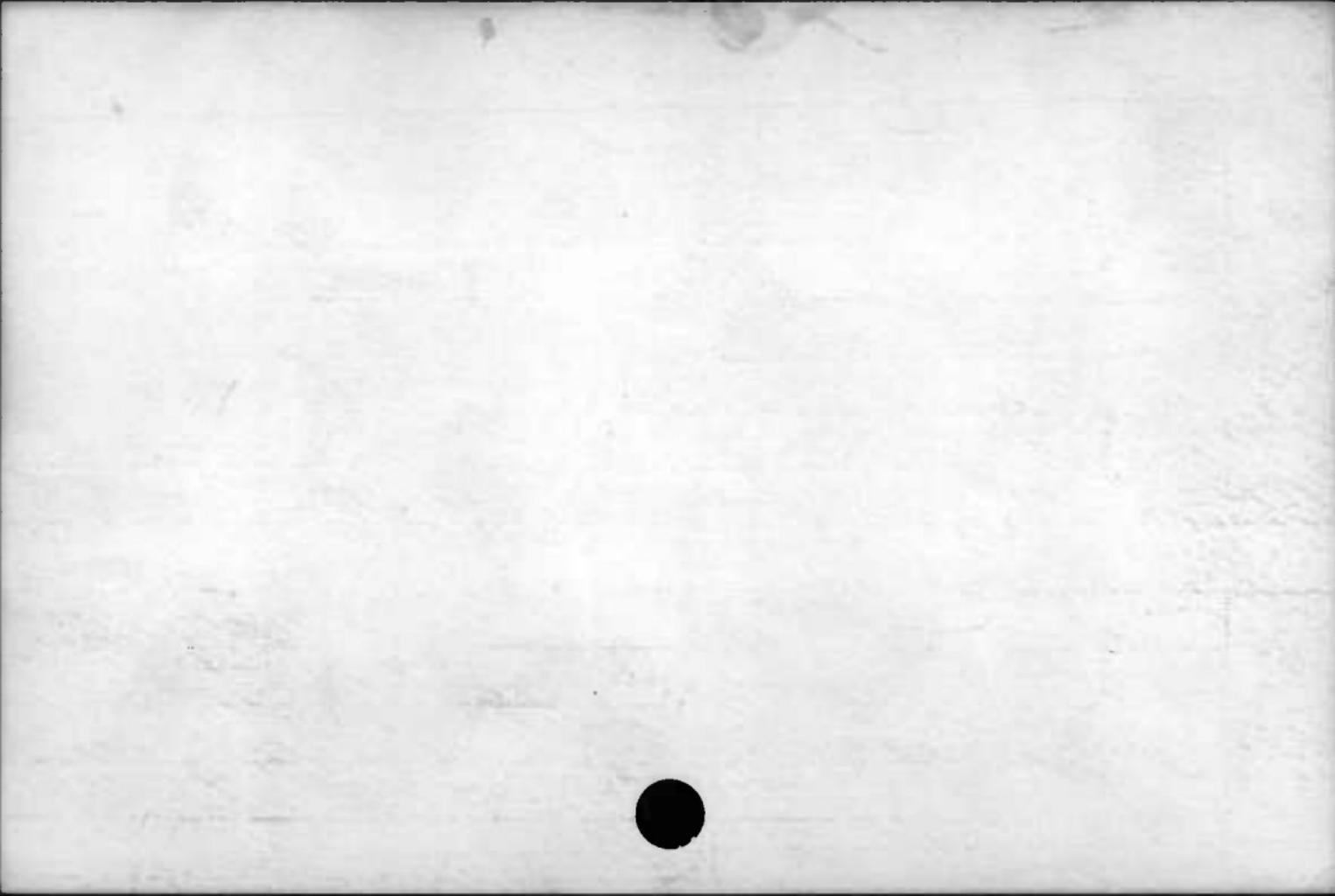
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Bladensburg	Prince Geo.				
Date of death 1903	Month Oct	Day 28	Years Age 27	Months —	Days —	
Sex	Male	Color or Race	Black	Birth- place	M d.	
Married, Single or Widowed	Single	Occupation		Laborer		
Name of Wife or Husband						
Father's Name	Edward Carroll	27		Father's Birthplace	m d.	
Mother's Maiden Name	Elnor Hamilton			Mother's Birthplace	m d	
Name of person giving Information	Eleberth Lyons			How related to deceased	Cousin	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long
Immediate		3 mth.
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician
		Address
Autopsy or Schedule	Earnest Gasey Hyattsville Md	



Name
in
Full

Louis W. Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month Oct	Day 6	Years 2	Months —	Days —
Sex	male	Color or Race negro	Birth- place	Munkulz	
Married, Single or Widowed	Child	Occupation	—		
Name of Wife or Husband				Father's Name	John Parker
Father's Name				Father's Birthplace	Munkulz
Mother's Maiden Name	Eugene Williams			Mother's Birthplace	Munkulz
Name of person living In formation	John Parker			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Lymphis fever
meningitis

How long

2 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

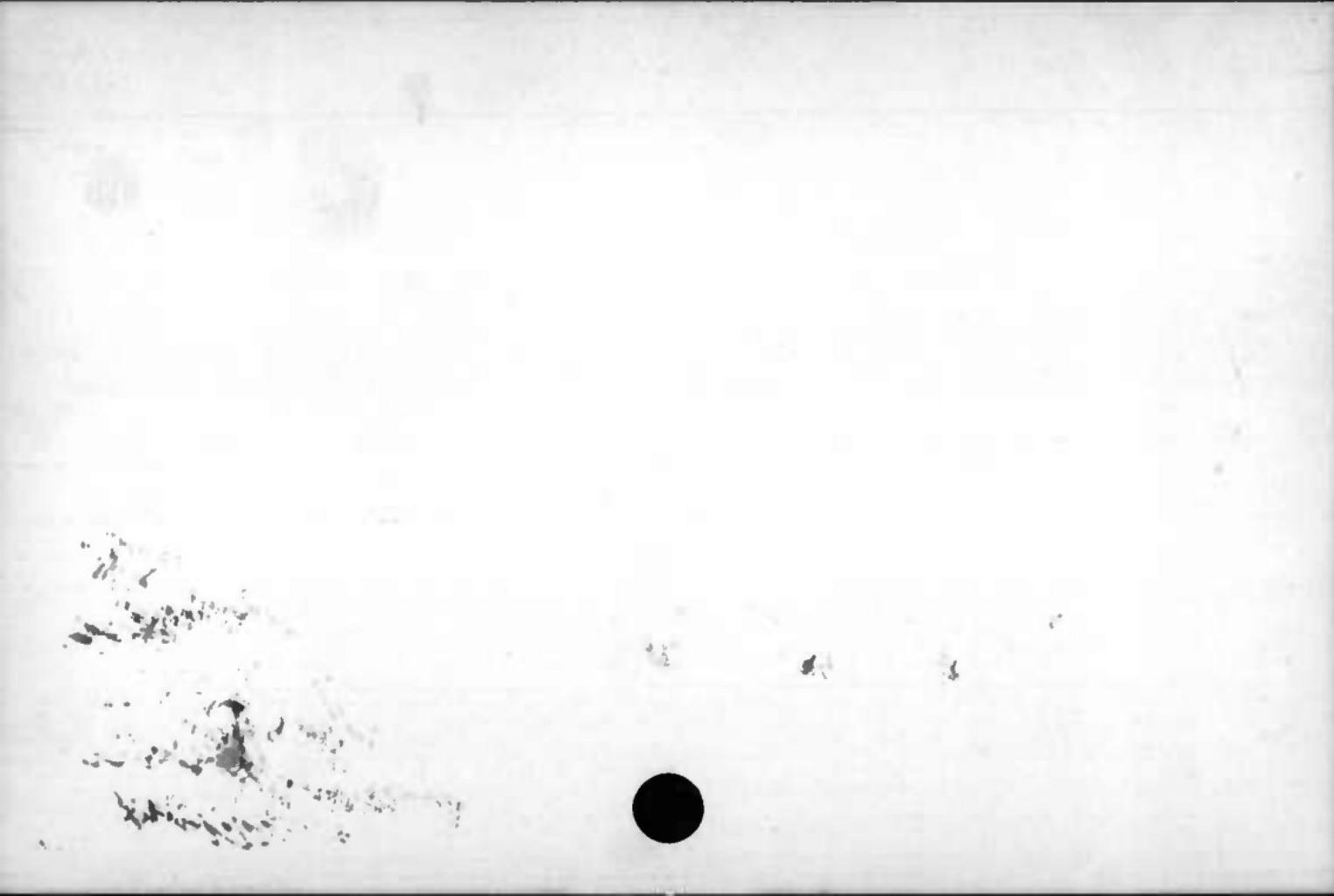
Signature of
Physician

Address

Dr. R. E. Ryerly

Saint Paul

Accident or Suicide?



Name
in
Full

Charley Camper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Married, Single or Widowed	Occupation	Birth-place				
Name of Wife or Husband	Name of person giving Information		Father's Name		Father's Birthplace	A.R.C. MD.
Mother's Maiden Name	Chas. Camper		Eliza Miles		Mother's Birthplace	A.R.C. Co
Train					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

MacLane Gawood, M.D.
Halls, Md.

Accident or Suicide?



Name
in
Full

Mary E. Coates

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	
Died at Crown	Oliver	
Date of death 1903 Oct 21	Age 21	Years
Sex Female	Color or Race Black	Birth-place P.L.G.C.
Married, Single or Widowed	Occupation	
Name of Wife or Husband		
Father's Name James Coates	Father's Birthplace P.G.S. Co	
Mother's Maiden Name Laura Gant	Mother's Birthplace P.G.S. Co	
Name of person giving information James Coates	How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Malaria How long

Immediate How long

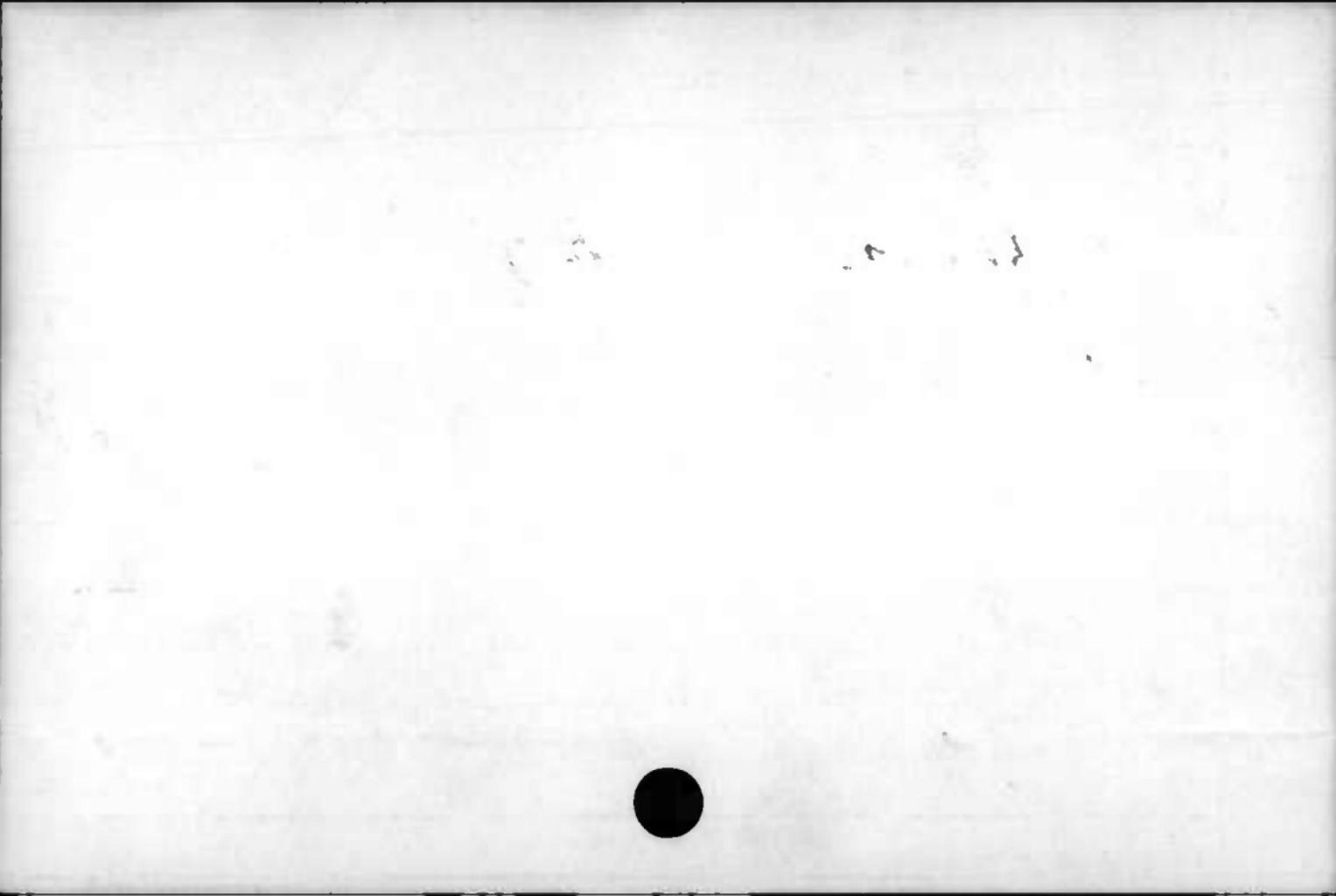
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W.H.G. Gibbons
Crown Md

Accident or Suicide?



Name
in
Full

Edward Dent

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month October 1 st	Age three	Months five	Days	
Sex male	Color or Race Colored	Birth-place Maryland			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Henry Dent				
Mother's Maiden Name	Gracie Williams 8.				
Name of person giving information	Henry Dent				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whoooping Cough	How long	nine days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Die without Medical attendance.		Address	
Accident or Suicide?			

128



Name
in
Full

Richard Douglass

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died <u>near Aquasco</u>		Town <u>Prince George</u> County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1903	October	23 rd	Age 57		
Sex	male	Color or Race	Mulatto	Birth-place	Maryland
Occupation	<u>farmer</u>			Where Residing if not at place of death <u>at Home</u>	
Married, Single or Widowed	Name of Wife or Husband <u>Ellen (Hawkins)</u>			Father's Birthplace	Maryland
Father's Name	<u>Benjamin Douglass</u>			Mother's Birthplace	Maryland
Mother's Maiden Name	<u>Young Green</u>			How related to deceased	Brother
Name of person giving information	<u>Samuel Douglass</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Rheumatism Heart & liver affected Ascites</u>	How long	<u>about a year</u>
Immediate	<u>Sudden fatal syncope</u>	How long	<u>Died suddenly.</u>

Are the name, age, sex, color, date and place correctly given above?

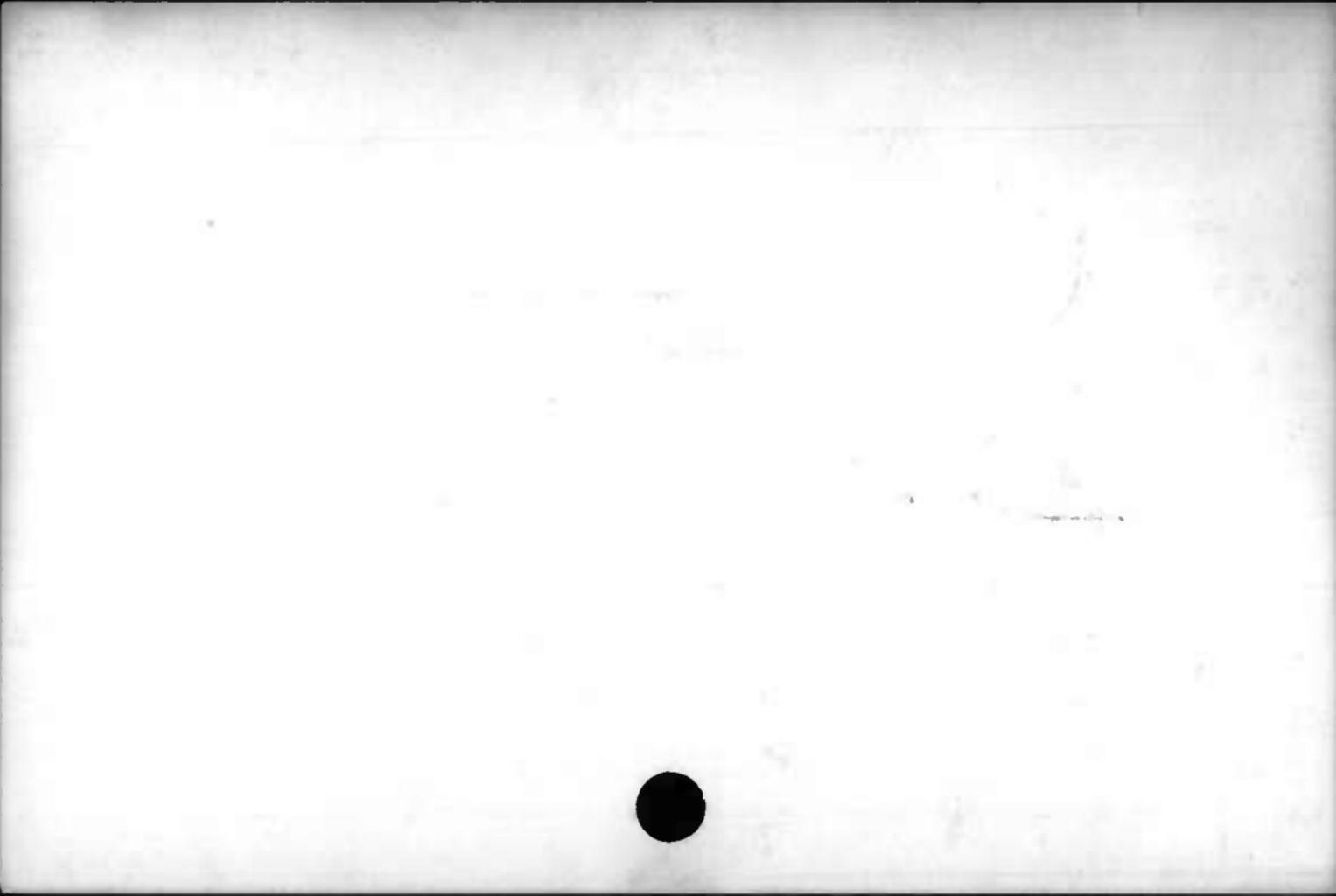
Yes

Signature of Physician

Wm. A. Marbury M.D.,
Aquasco,
Maryland.

Address

Accident or Suicide?



Name
in
Full

Rebecca Dominas

CERTIFICATE OF DEATH

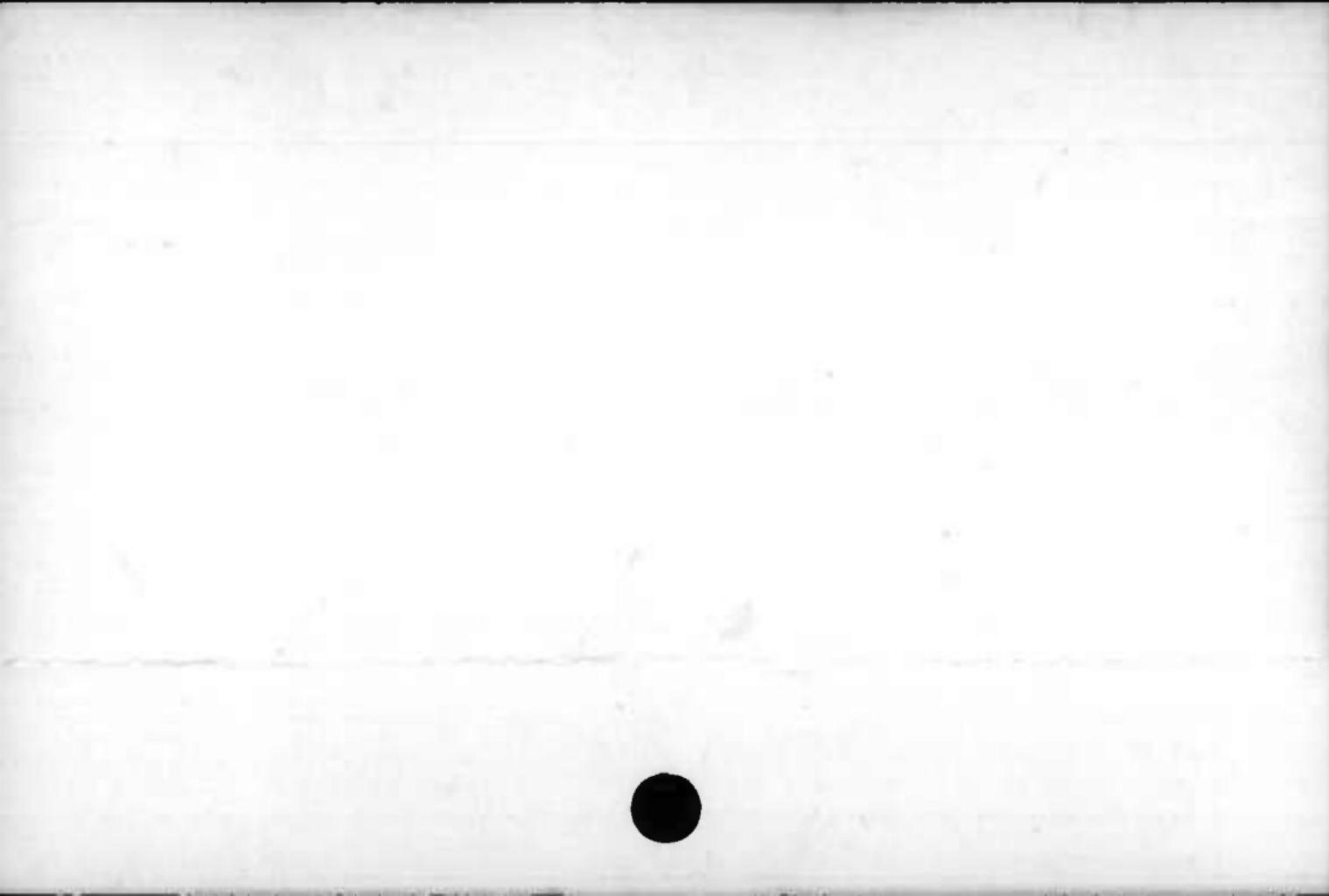
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Murkina</u>	County <u>Puice Co</u>	MARYLAND		
Date of death 1903	Month <u>Oct.</u>	Day <u>9</u>	Age	Years <u>—</u>	Months <u>18</u>
Sex <u>female</u>	Color or Race <u>black</u>	Occupation <u>—</u>	Birth- place <u>Md.</u>	Days <u>—</u>	
Married/Single or Widowed <u>—</u>					
Name of Wife or Husband <u>—</u>					
Father's Name <u>Saul Dominas</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Lattie Reese</u>	27		Mother's Birthplace <u>Md</u>		
Name of person giving Information <u>Saul Dominas</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long <u>6 months</u>
Immediate	<u>asbernia</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>W. F. Taylor</u>
		Address <u>Laurel Md</u>
Accident or Suicide? <u>—</u>		



Char. S. Early

Town

County

P.S.

MARYLAND

Died at

Brandywine

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1907

10 23

Age 37 3

Md

R.R. agent

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

William H. Early.

Mother's
Maiden Name

Sarah A. M. Stewart,

Cause of
Death

Primary

Suffocation of Brain

How long sick

Year

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

John A. Cor M.D.

J.B. Jack

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

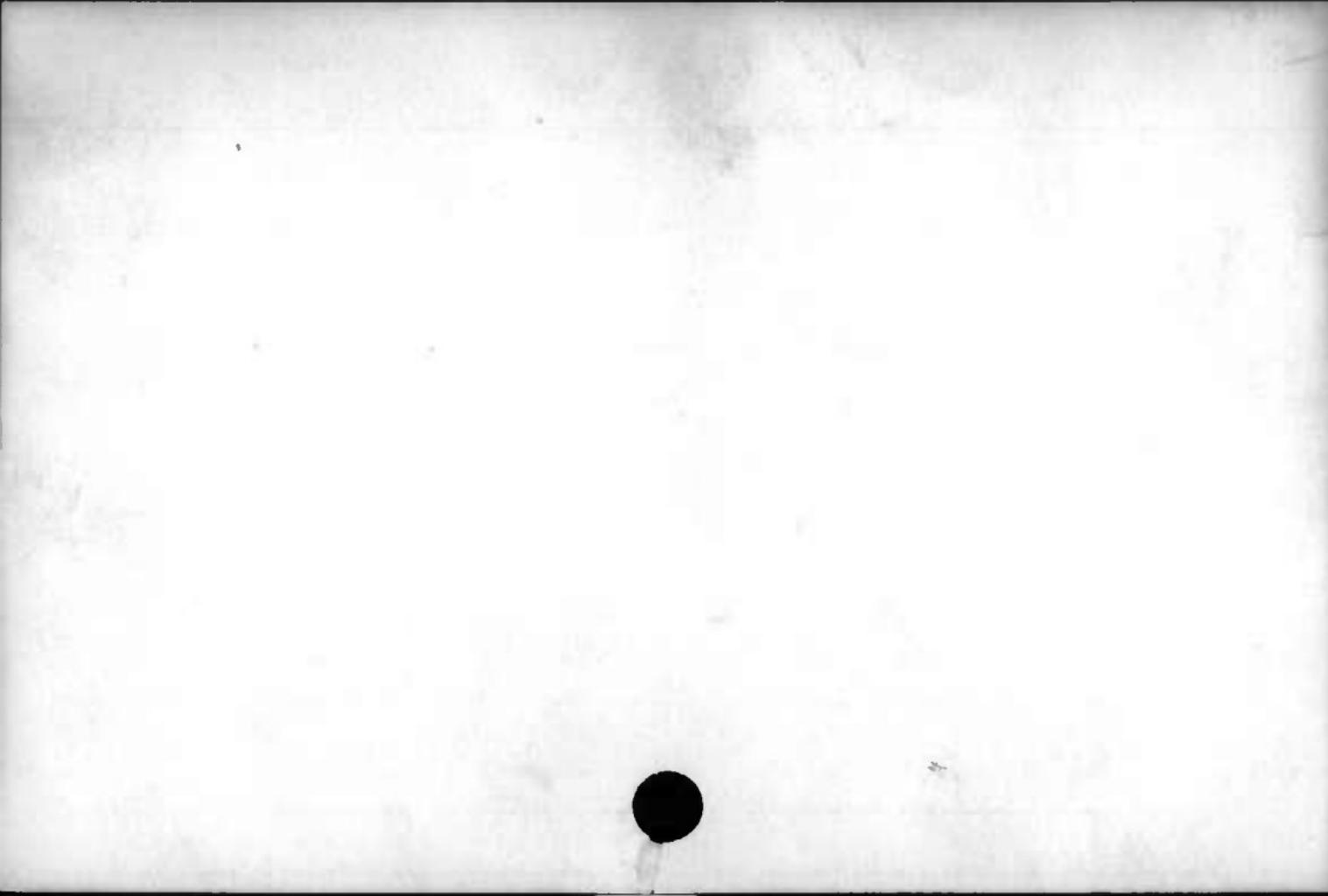
Maud Irene Ford

CERTIFICATE OF DEATH

Died at	Town Marlboro	County Pleco	MARYLAND		
Date of death 1903	Month 10	Day 30	Years 3	Months 10	Days
Sex Female	Color or Race Colored	Occupation Colored	Birth- place Marlboro		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name Hopewell Ford				Father's Birthplace Md	
Mother's Maiden Name Sarah Bueles				Mother's Birthplace Md	
Name of person giving Information Reverdy Dassar Ind.				How related to deceased none	

CAUSES OF DEATH

Primary	Scarlet Fever	How long Two weeks
Immediate	Septic	How long 3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Reverdy Dassar
		Address Upper Marlboro
Accident or Suicide?		



Name in Full

Certificate of Death

Alexander Gross
 Alexander Gross
 Alexander Gross

Town

County

MARYLAND

Died at

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Male White

Married

Widow

Divorced

Female Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

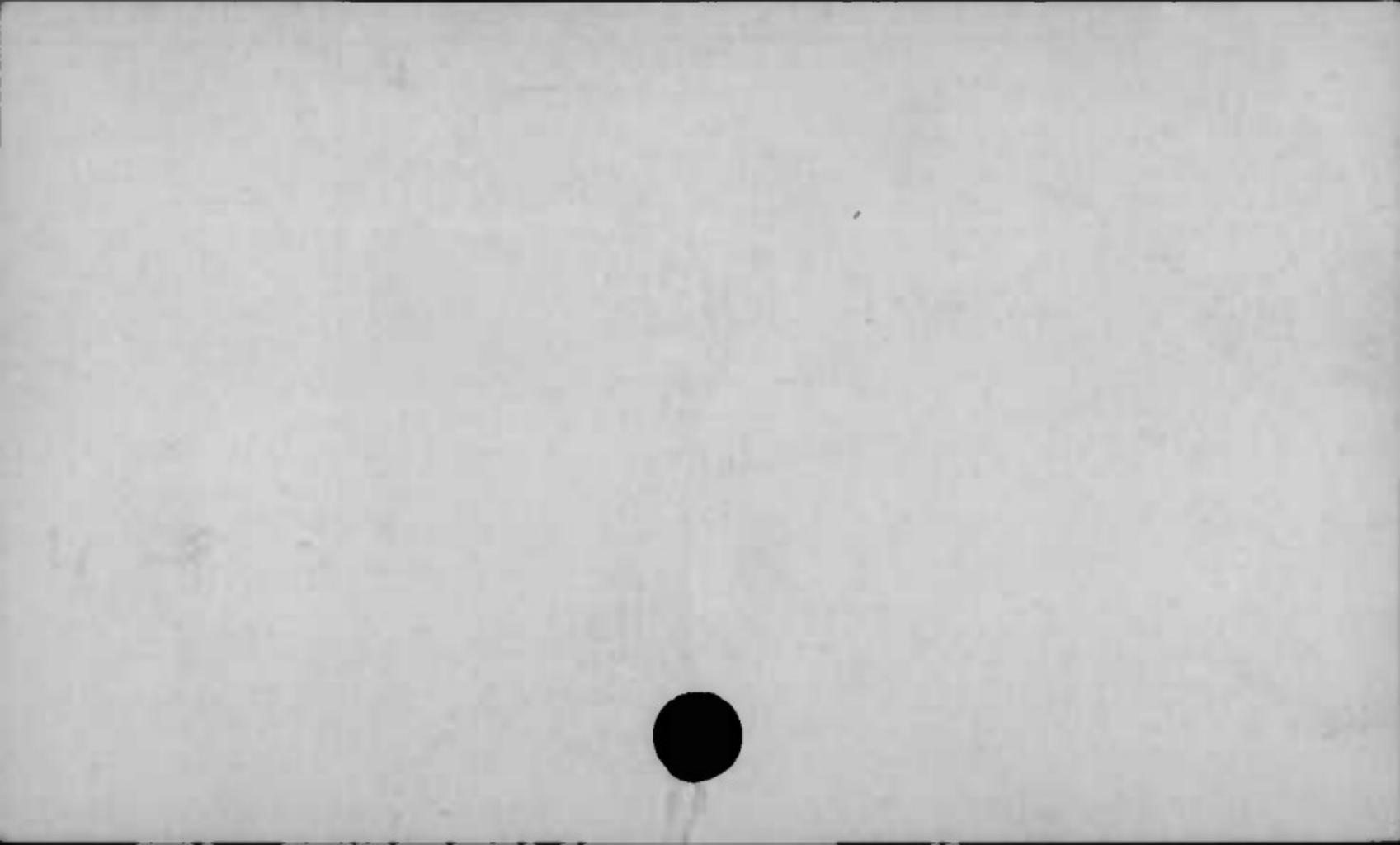
Accident, Suicide, Homicide

Reported by

Address



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Olive Hostetter
Died at Fincataway Town St. George's County
Date of death 1909 Month 9 Day 13 Years 32
Age 32 Months Days
Sex Female Color or Race White Birthplace Ind.
Married, Single or Widowed Single Occupation

CERTIFICATE OF DEATH

MARYLAND

Father's Name Casper Hostetter Father's Birthplace Pa
Mother's Maiden Name Anna Lutcher Mother's Birthplace Pa
Name of person giving Information Milton G. Hostetter How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis of lungs

How long

2 yrs.

Immediate

Are the name, age, sex, color, date and place correctly given above?

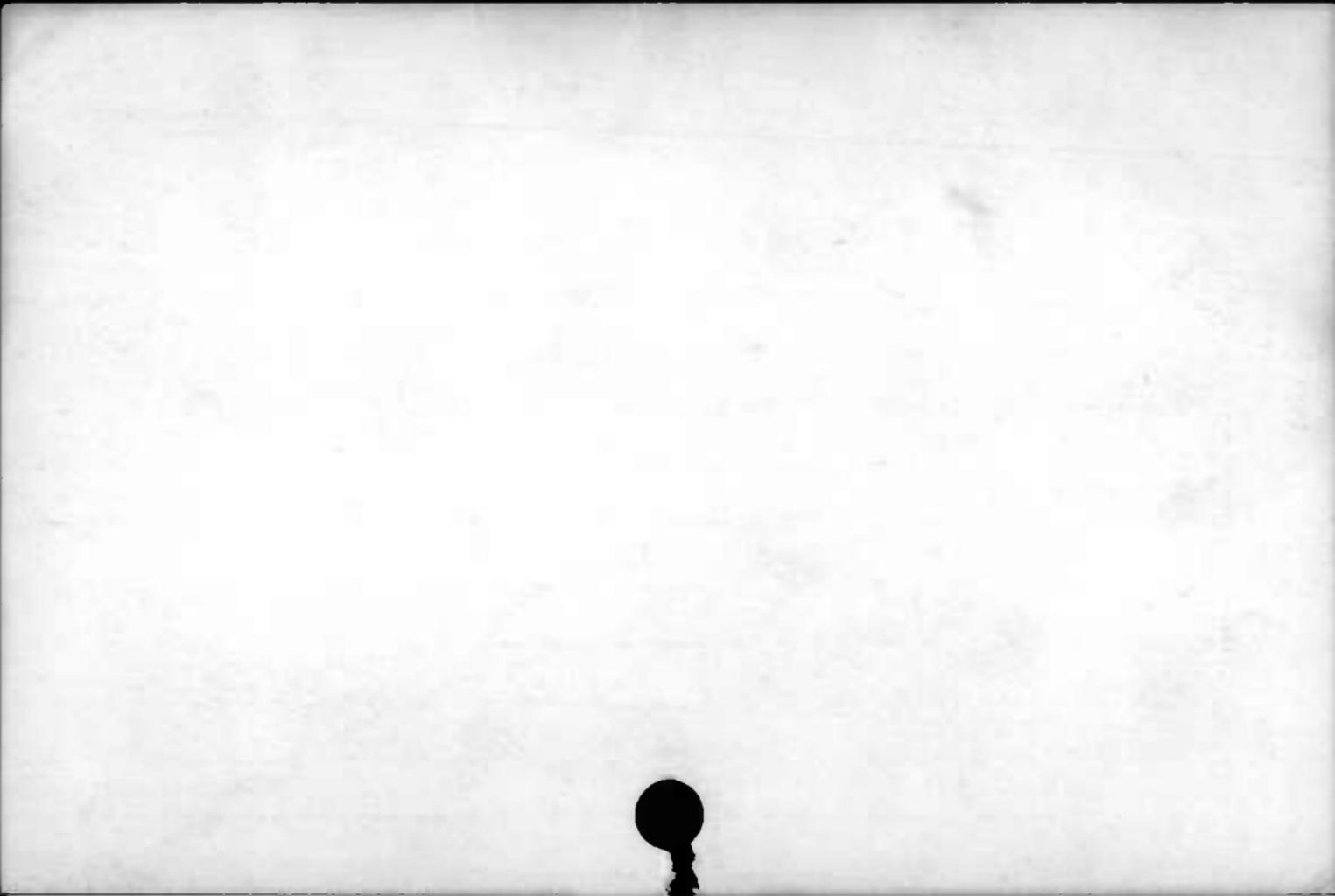
Signature of Physician

Address

Yes

J. D. Heath
Fincataway Ind.

Accident or Suicide?



Mary Johnson

Town

Cedarside

County

Pr. Gr.

MARYLAND

Died at

Date 1903

Month

Day

Age 22

Y.

M.

D.

Native of

Occupation

Md

~~Male~~~~White~~

Married

~~Widow~~

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

~~of~~

Wife

James Johnson

29

Father's Name

Henry Slye

Mother's

Earlia

Maiden Name

Cause of Death

Primary

Tuberculosis (Intestinal)

How long sick

Death

Immediate

Asthenia

Accident, Suicide, Homicide

Reported by

John A. Corr M.D.
J.B. [Redacted] [Redacted]

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elias Kueh

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Prince George		County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Male	Color	ed				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband	Maria Kueh					
Father's Name	George Kueh	Father's Birthplace					
Mother's Maiden Name	Wonglass	Mother's Birthplace					
Name of person giving information	Maria Kueh	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Heart Disease	How long	Six months
Immediate	stoppage	How long	2 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Chas A. Will
		Address	Hanover Md
Accident or Suicide?			

13. ladder

Name In Full

Certificate of Death

Benjamin C. Kuehling

Brentwood

County

Prince George

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Date 1903

Oct 2

Age 50 -

D.C.

Occupation

Electrician

Male

White

Married

Widow

Divorced

Female

Colored

Married

Widower

Number of children living

6

Husband

of

Nettie E Kuehling

Wife

Father's

?

Mother's

Name

Maiden Name

Cause of

Primary

Valvular Disease of Heart

How long sick
one year!

Death

Immediate

Cardiac Insufficiency

Accident, Suicide, Homicide

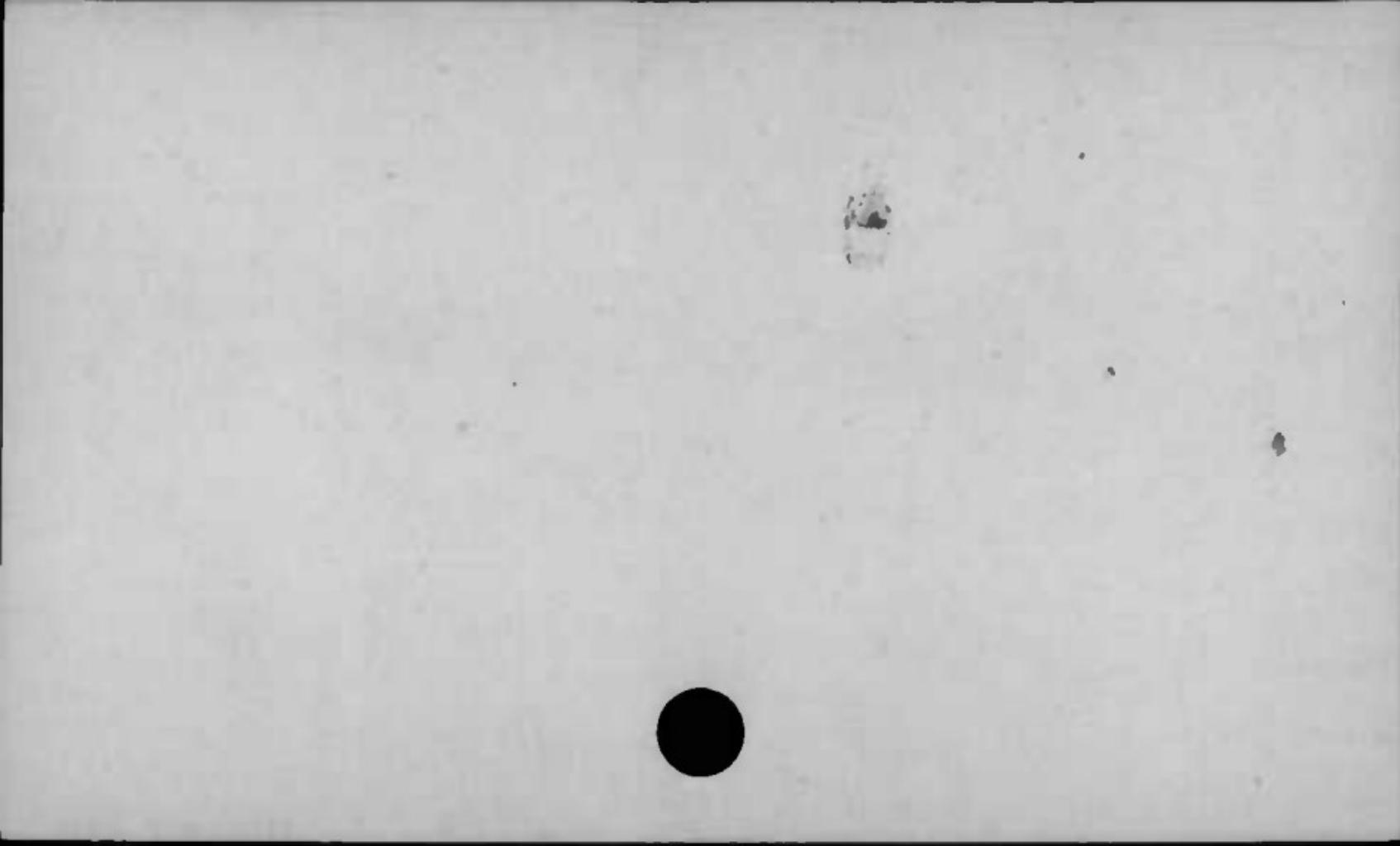
Reported by

Dr. L L Friedrich

Address

329 Lafayette St. Washington D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	Lee		
Date of death 1903	Month Oct	Day 20	Years —	Months	Days
Sex Male	Color or Race Black	Occupation ~	MARYLAND		
Married, Single or Widowed ~				Birth-place	Maryland.
Name of Wife or Husband ~				Father's Birthplace	~
Father's Name unknown	151			Mother's Birthplace	P. E. Colyad
Mother's Maiden Name Lee				How related to deceased	Widow
Name of person giving information Louis Jackson					

CAUSES OF DEATH

Primary	Premature	How long	—
Immediate	—	How long	—

Are the name, age, sex, color, date and place correctly given above?

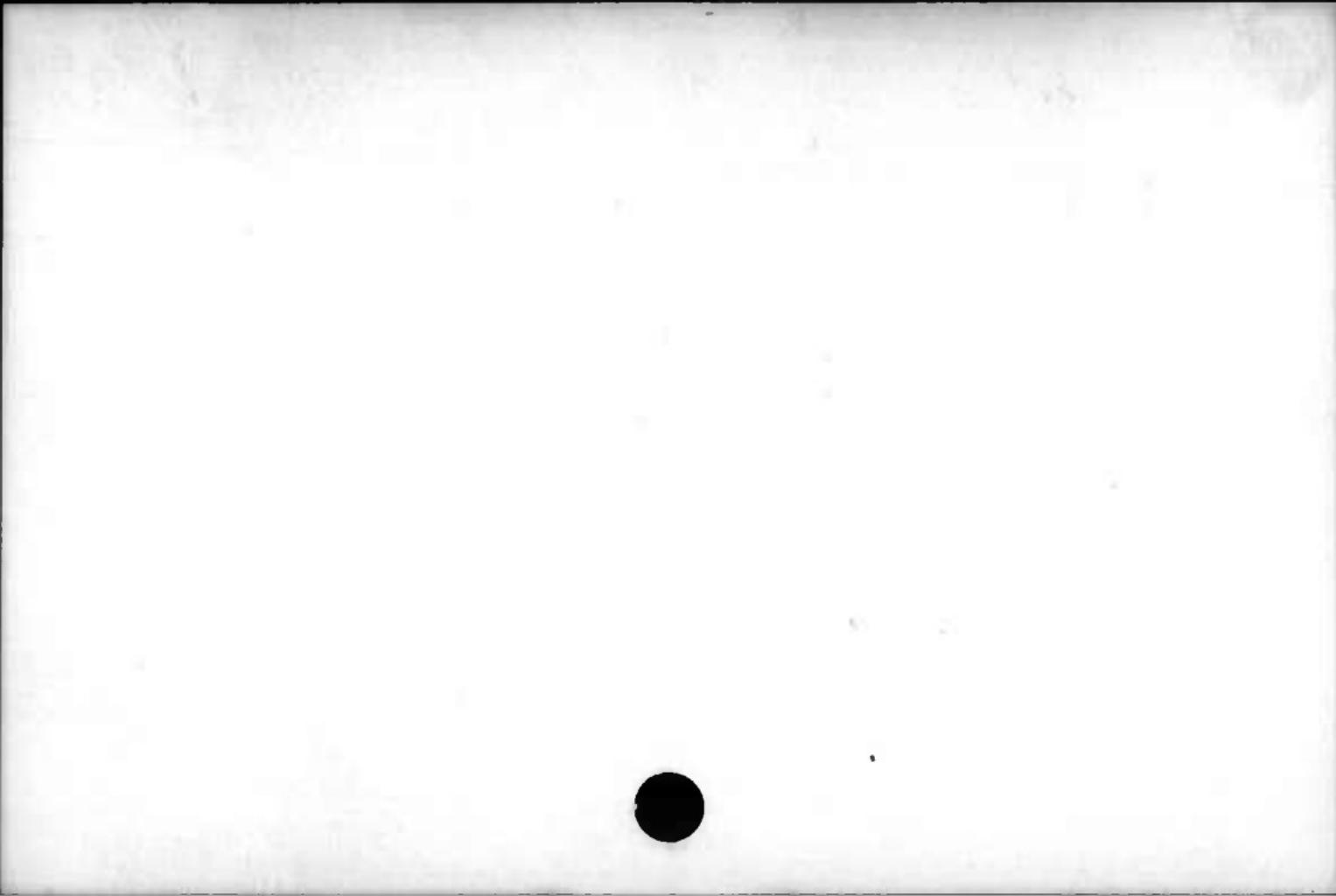
Signature of Physician

Address

None

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Charles G. Finchicum

CERTIFICATE OF DEATH

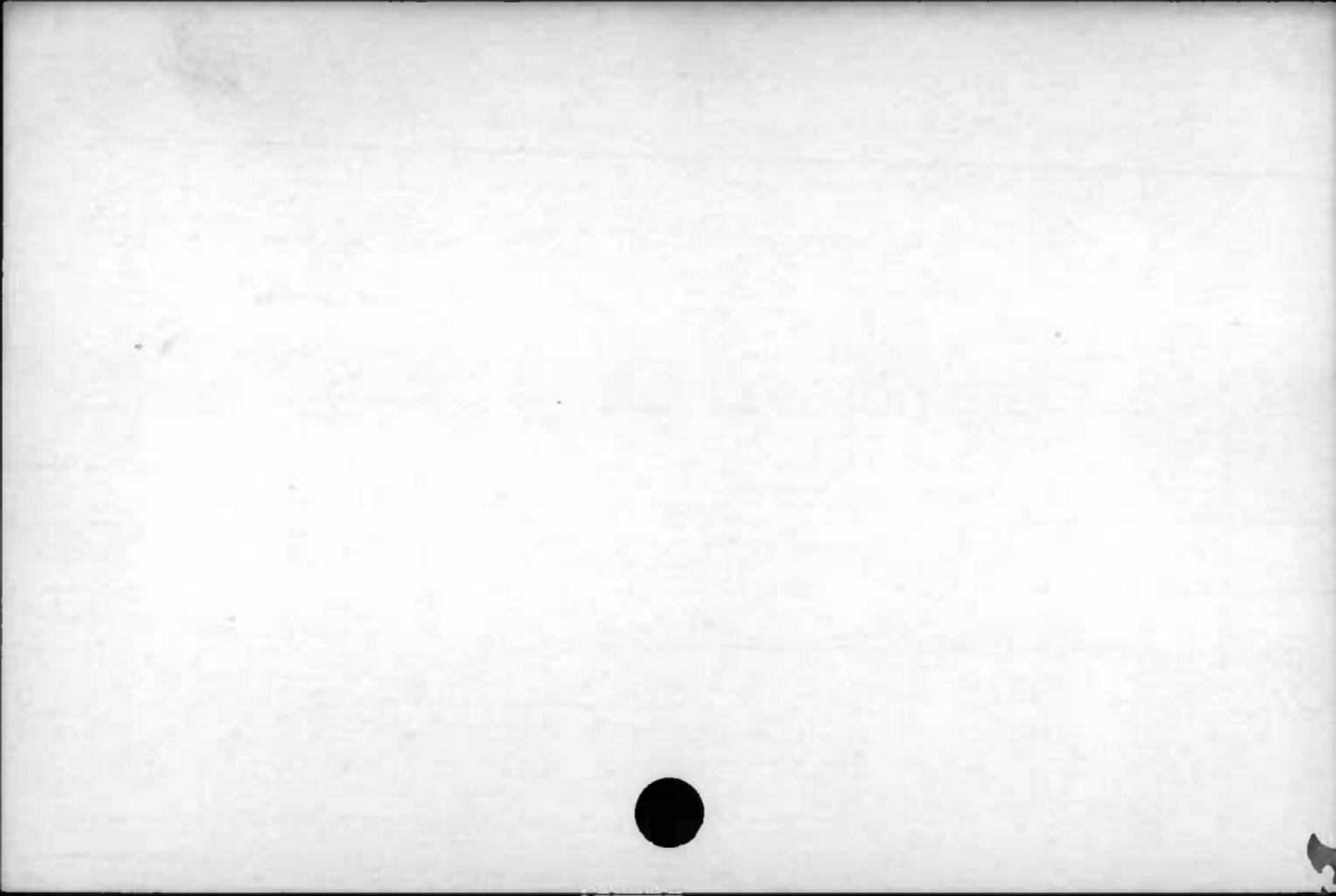
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date, of death 1903	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place		
Married, Single or Widowed	Occupation				
Name of Wife or Husband	Elizabek Finchicum				
Father's Name	doubt know		Father's Birthplace	doubt know	
Mother's Maiden Name	"		Mother's Birthplace	"	
Name of person giving Information	Son		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General debility-		How long	2 or 3 days
Immediate	"		How long	" " "
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	6 a fd	
		Address	Beechtree Ma	
Accident or Suicide?				



Name
in
Full

Rogdenick M McGregor

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	60.	
Occupation	Surveyor	Where Residing if not at place of death			
Married, Single or Widowed	manif	Name of Wife or Husband	Margaret McGregor		
Father's Name	Nathaniel McGregor	Father's Birthplace	Md		
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information	Albert McGregor	How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute meningitis

How long

3 days

Immediate

General Sepsis

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

O. J. Rogdenick
Forestville
Md



Name
in
Full

Wose Mathews

CERTIFICATE OF DEATH

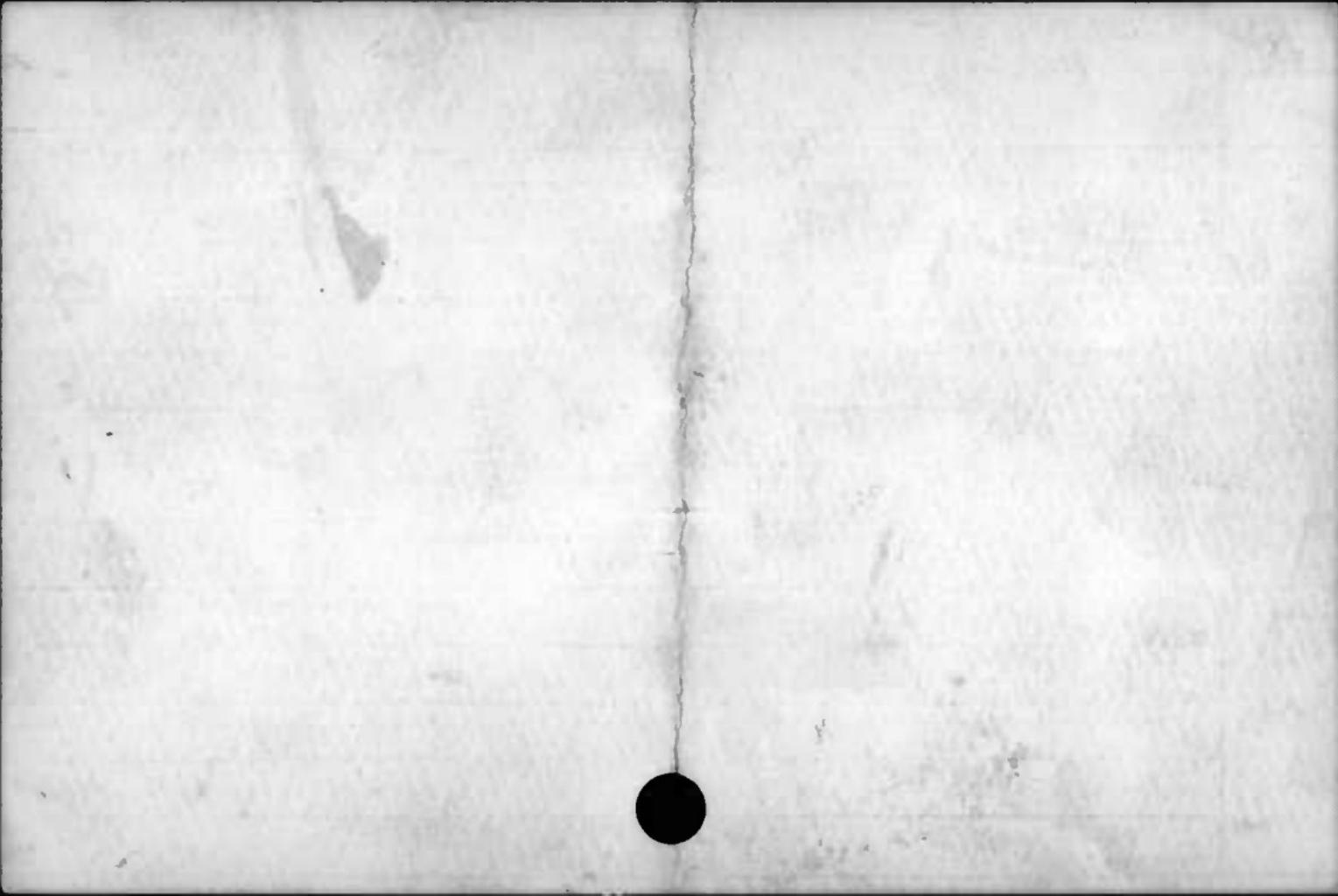
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month Oct	Day 24	Years 56	Months	Days	
Sex male	Color or Race	Occupation				
Married, Single or Widowed married	Mary E Mathews	Laborer				
Name of Wife or Husband			Father's Name	Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information	Mary E Mathews		AB	How related to deceased		
Wife						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long	10 days
Immediate	Cordis standum		How long	
Are the name, age, sex, color, date and place correctly given above?	N	Signature of Physician	J W Bixby	
		Address	Second St	
Accident or Suicide?				



Name
in
Full

Virginia Rebba Penn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Farmington		Town	Prince Georges		County		MARYLAND	
Date of death 1903	Month 10	Day 30	Age —	Years —	Months 4	Days —		
Sex Female	Color or Race White				Birth-place Alexandria, Va.			
Married, Single or Widowed —			Occupation —					
Name of Wife or Husband —								
Father's Name John Penn					Father's Birthplace Charles Co			
Mother's Maiden Name Agnes Coombes			10		Mother's Birthplace Charles Co			
Name of person giving information John Penn					How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate Gastritis

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

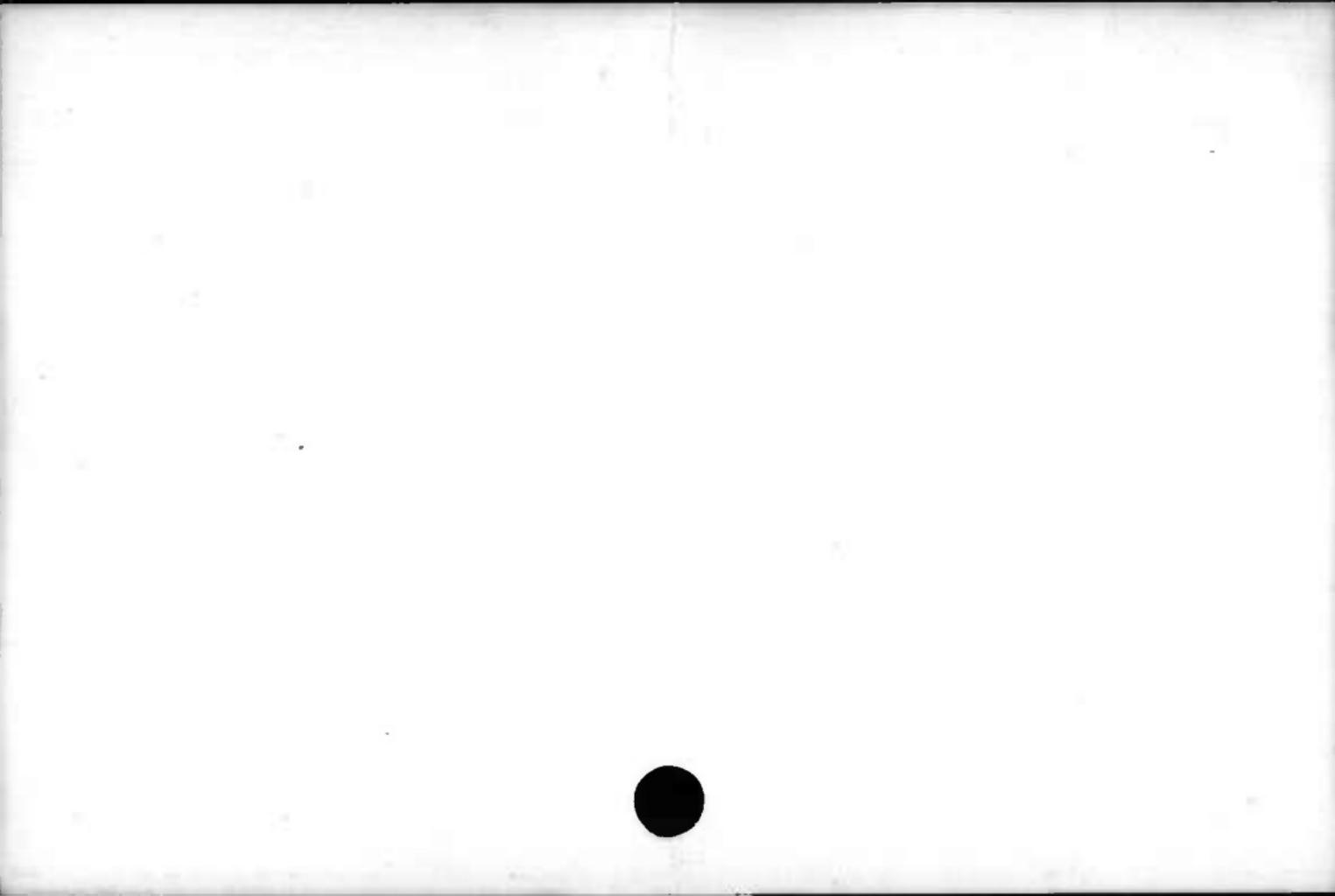
Yes

Signature of Physician

Address

Henry Haller
Presbyterian Ind

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John Siuines

CERTIFICATE OF DEATH

Died at meadows		Town	County A. Liso.		MARYLAND	
Date of death 1903	Month OCT	Day 26	Years 79	Age	Months -	Days -
Sex Male	Color or Race Negro	Occupation Gardner		Birth-place -		
Married, Single or Widowed Married			Father's Name David Siuines	Father's Birthplace -		
Mother's Maiden Name				Mother's Birthplace -		
Name of person giving information John Siuines Jr			How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Asthma

How long

5 yrs

Immediate

Died suddenly no Dr - present

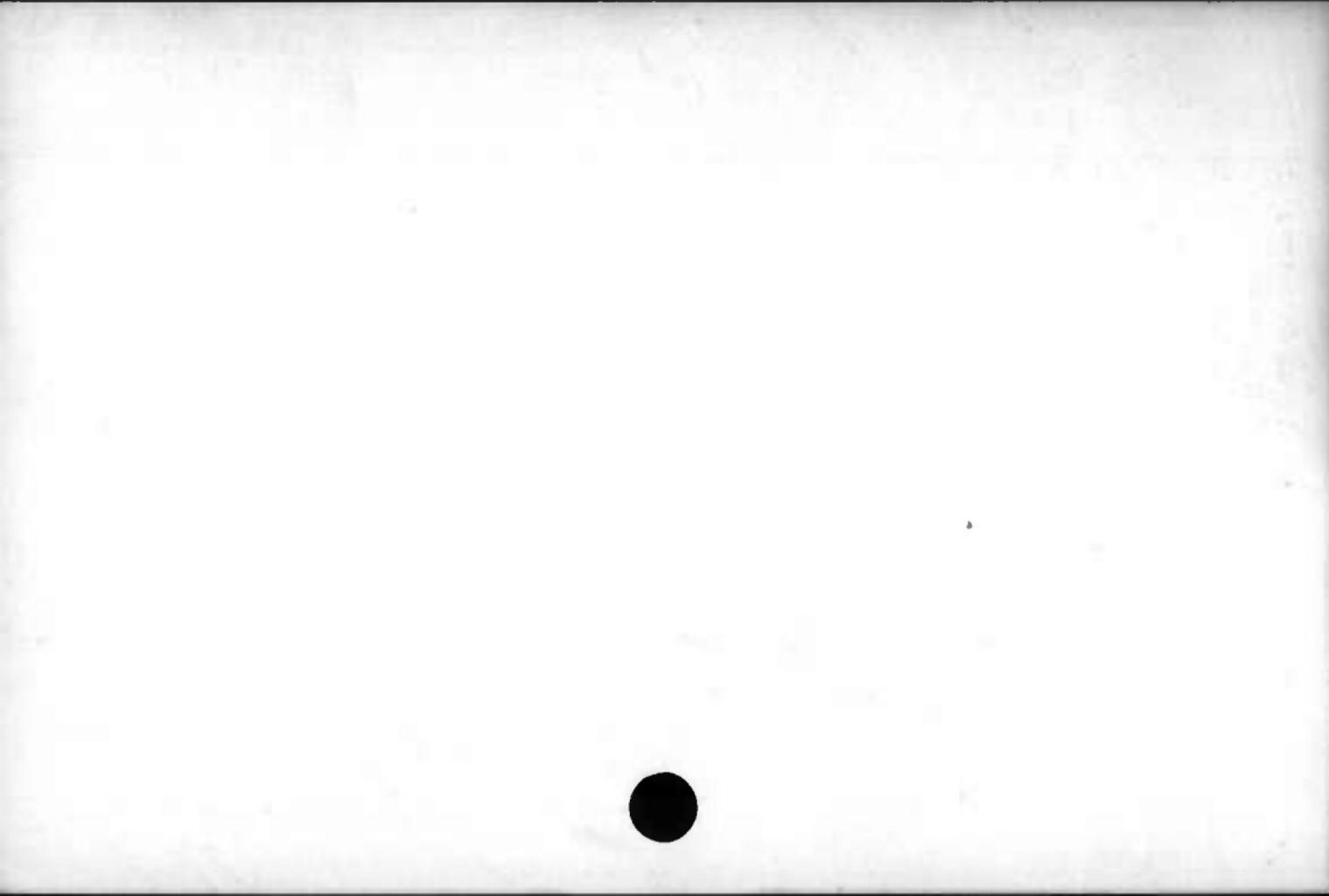
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Jefferson S. Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hyattsville</u>		County <u>Prince George</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>Oct.</u>	Day <u>20</u>	Years <u>52</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace			
Occupation <u>Compositor</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Sarah Eg Smith</u>				
Father's Name <u>John W. Smith</u>			Father's Birthplace <u>Va.</u>		
Mother's Maiden Name <u>Sarah Rebecca Wallis Cambell</u>			Mother's Birthplace <u>Va</u>		
Name of person giving information <u>J. D. Smith</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gutter Atrophy of Liver

How long

6 months

Immediate

Innervation

How long

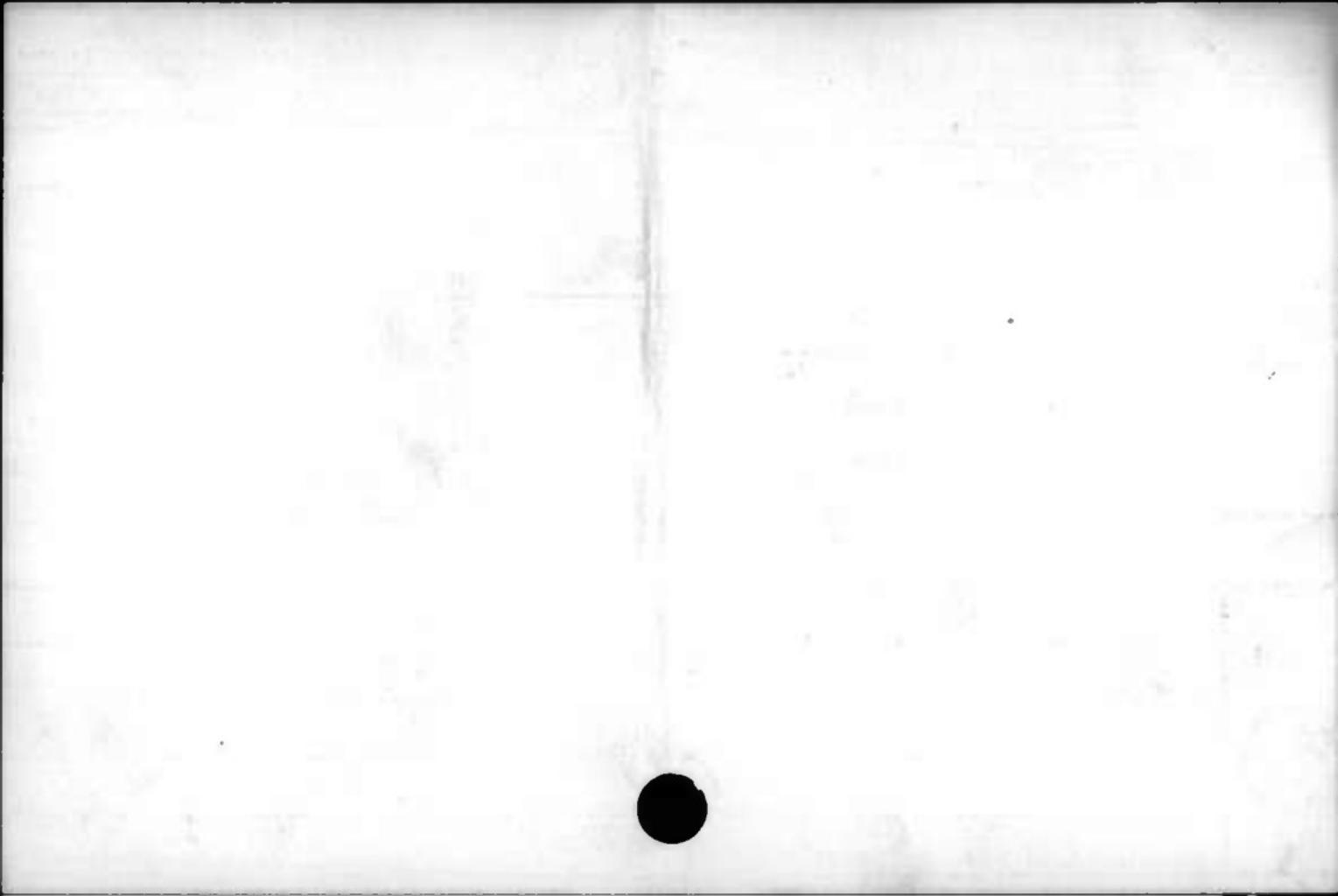
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. D. Richardson
Hyattsville
Md

Accident or Suicide?



Name
in
Full

James Edward Wall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
1903	Month	Years	Months	Days	
Date of death	Oct	25	Age	11	7
Sex	Male	Color or Race	Colored	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Wall 71				
Mother's Maiden Name	Mary Diggs				
Name of person giving information	John Wall				

CAUSES OF DEATH

Primary	Convulsions	How long	5 mos.
Immediate	"	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. R. Walker, M.D.
		Address	Mitchellville, Md.
Accident or Suicide?			



Name
in
Full

Ada Washington

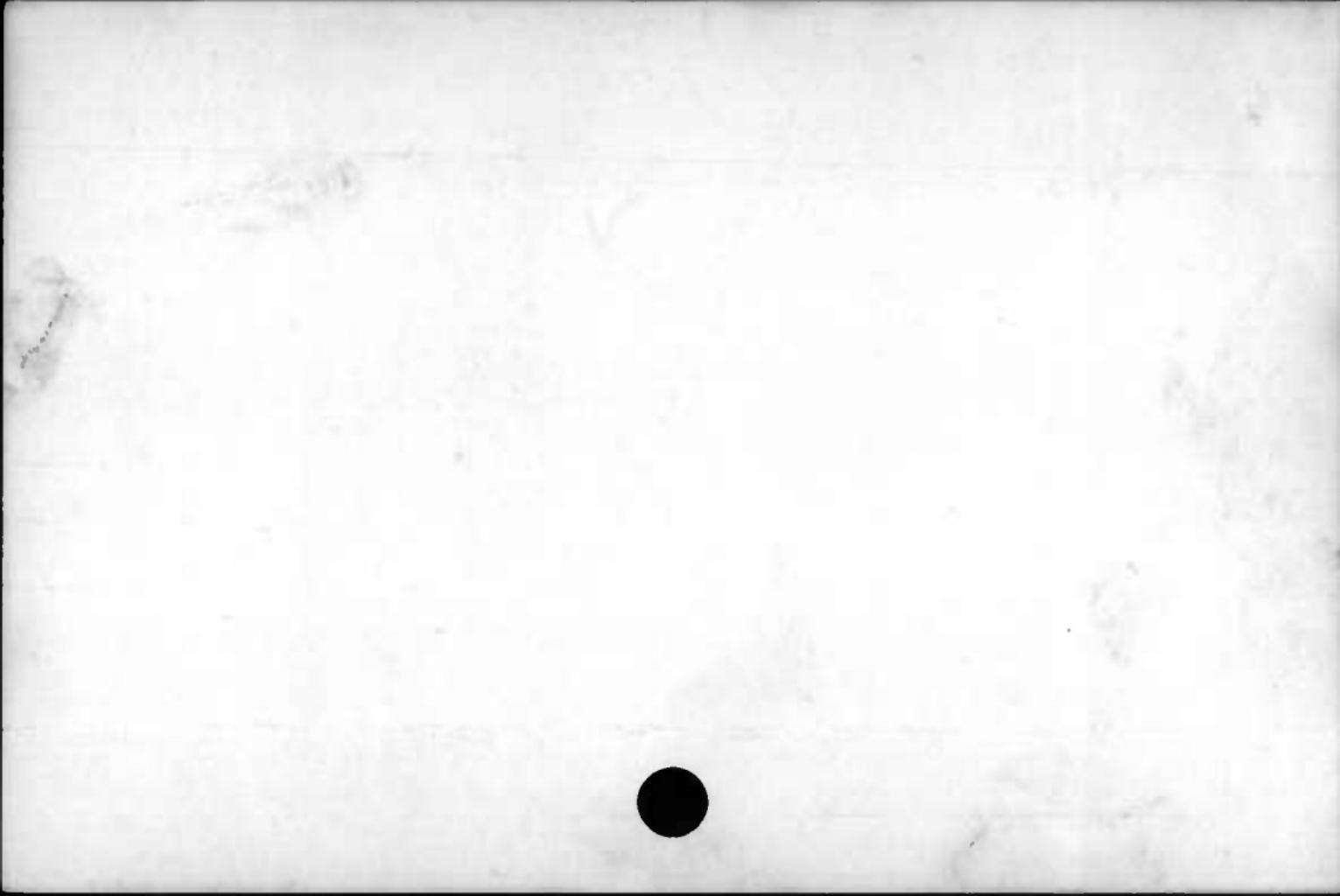
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND		
Crown	Baltimore					
Date of death	1903	Month Oct	Day 9	Age 6	Years	Months Days
Sex	Female	Color or Race	Black	Birth-place Br Golo		
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Masses Washington			Father's Birthplace	Chas Co	
Mother's Maiden Name	Agnes Hager			Mother's Birthplace	Br Golo	
Name of person giving Information	James Hager			How related to deceased	Uncle	

CAUSES OF DEATH

Primary	Scarlet Fever	How long	Death
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	L. V. Gibbons	
	Address	Crown md	
Accident or Suicide?			



Name
in
Full

Frances Whalen

CERTIFICATE OF DEATH

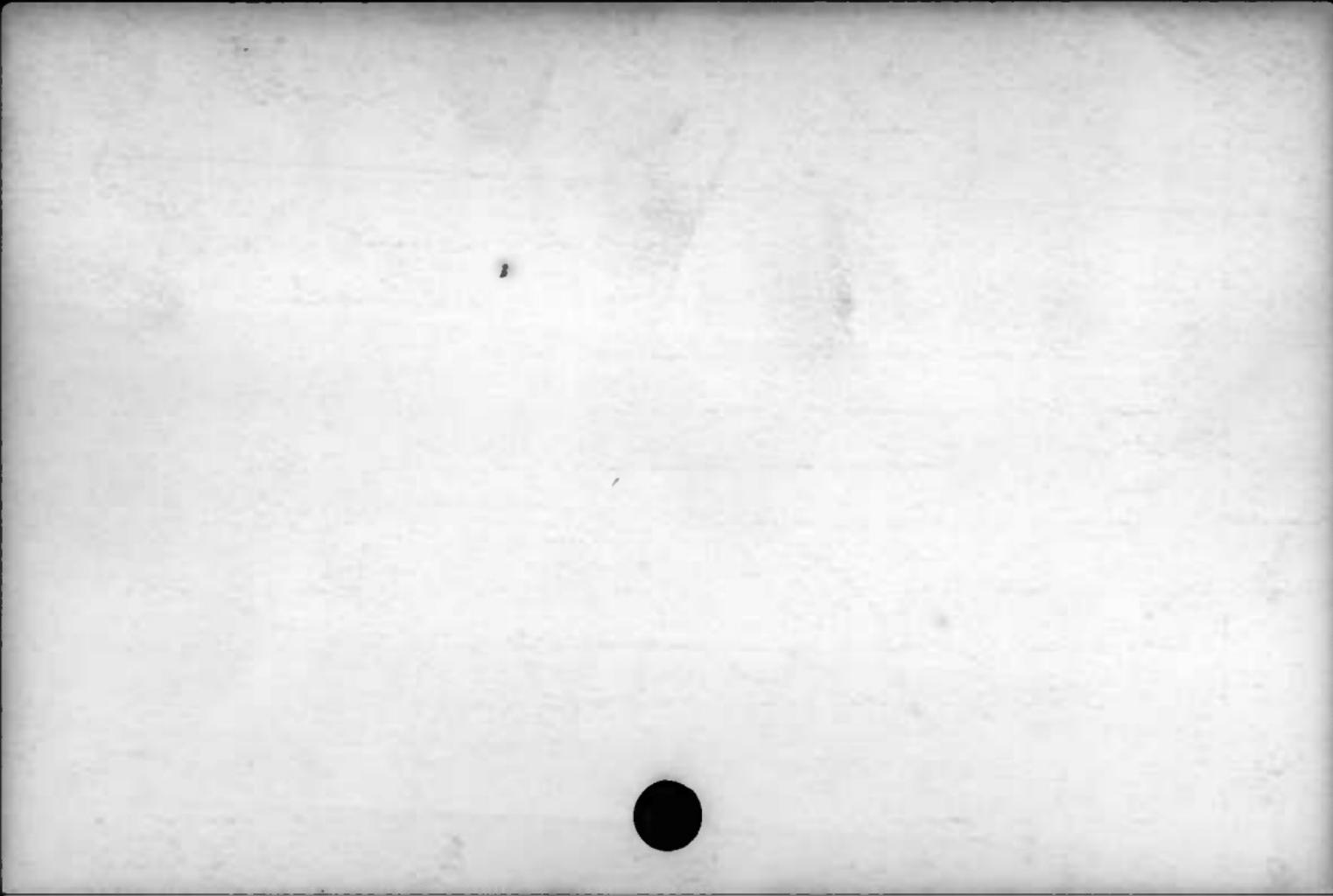
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Washington</u> Town			County	
Date of death 190 <u>3</u>	Month <u>Oct</u>	Day <u>17</u>	Years <u>25</u>	Months
Sex	Color or Race			Birth-place
Married, Single or Widowed	<u>don't know</u>			Occupation
Name of Wife or Husband				
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	How related to deceased			

CAUSES OF DEATH

Primary	How long
Immediate <u>Tuberculosis</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>yes</u>	Address <u>Ernest Gasch</u> <u>Hyattsville Md</u>
Accident or Suicide?	



Name
in
Full

Mrs. Annie Young

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Premale	Color or Race	Age	92	7 26
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Thn. Lee Young		
Father's Name	Don't Know M. D.			Father's Birthplace	Maryland
Mother's Maiden Name	Margaret Moore.			Mother's Birthplace	Mass -
Name of person giving information	Annie Young Daughter			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile debility and senile dementia from old age

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Oak Richardson M.D.
Bridgewater Md.

